

## MINNESOTA R FORM

TO **TRACHSEL DENTAL STUDIO, INC.**  
 1834 15th STREET N.W.  
 P.O. BOX 6596  
 ROCHESTER, MINNESOTA 55903-6598  
 PHONE 507/288-2362

DOCTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY &amp; STATE \_\_\_\_\_

Patient's Name \_\_\_\_\_

Date Sent \_\_\_\_\_

## FOR STUDIO USE

Pan. No. \_\_\_\_\_

Wax # \_\_\_\_\_ PT. \_\_\_\_\_

Finish P \_\_\_\_\_ F \_\_\_\_\_

Opaque \_\_\_\_\_

Build \_\_\_\_\_

Grind \_\_\_\_\_

Stain &amp; Glaze \_\_\_\_\_

SHADE	MAIL MON.	MAIL TUES.	MAIL WED.	MAIL THURS.	MAIL FRI.	TRIAL [ ]
TAB SENT						FINISH [ ]
TAB NOT SENT						AGE [ ]

Male ☐ Female ☐Vigorous ☐ Medium ☐ Soft ☐

## CHARACTERIZATION

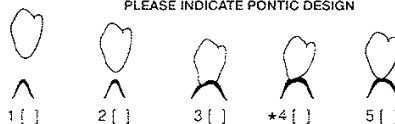
INSTRUCTIONS  
Please use this side first

Captex (Por. in Occ.)	
Empress	
Porcelain to Zirconia (Lava)	
Procera	
Mirage - Fortress	
Porcelain & NP	
All Zirconia Bruxer	
Porcelain & Gold	
Porcelain Occlusal	+
Porcelain B. Cusp.	+
All Metal Occlusal	+
Porcelain Shoulder	
Cristobal - Composite	
N.P. Full Crown	
White Olympia	
Precious Jelstar	
Full Cast Albacast	
Yellow Premium	
Gold Medium	
F.C. Economy	
Gold Inlay	
3/4 Gold Crown	
Gold Onlay	

More instructions over ☐ Yes ☐ No

Contact Mesial [ ] Distal [ ] No Contact Mesial [ ] Distal [ ]

## PLEASE INDICATE PONTIC DESIGN



\* IF NO INDICATION WE USE PONTIC DESIGN #4

RIDGE RELIEF FOR PONTIC(S)

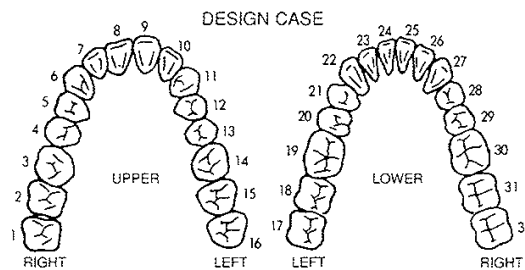
NONE ☐ SLIGHT ☐MED. ☐ HEAVY ☐

Rx Forms [ ]

Please Send

Mailing Labels [ ]

Mailing Boxes [ ]

Please Use For  
Additional InstructionsCERTIFIED DENTAL  
LABORATORY

OUR TERMS: Net fifteenth of the month following date of statement. Invoices 30 DAYS OR MORE PAST DUE will be subject to a finance charge of one and one-half percent (1.50%) per month. This is an ANNUAL PERCENTAGE RATE OF 18%. \$50 Minimum charge. All charges over 60 days will be sent C.O.D.

Signature \_\_\_\_\_ D.D.S. License No. \_\_\_\_\_

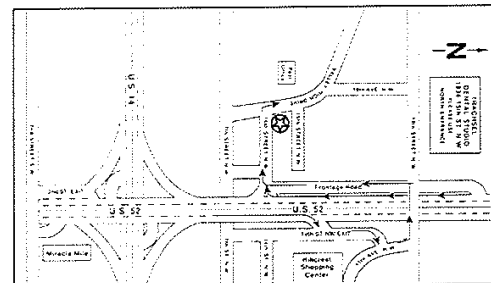
DOCTOR PLEASE RETAIN DUPLICATE COPY

CPI-53003

KDA-002832

EXHIBIT 42

-425-



TECHNICIAN'S COMMENTS

KDA-002833